

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KENTUCKY

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: Not applicable

Service	Type Charge		Copoly.	Amount and Basis for Determination
	Deduct.	Coins.		

TN No. 85-12
Supersedes
TN No. ---

Approval Date DEC 1 1985

Effective Date 10-1-85

HCFA ID: 0053C/0061E

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B. The method used to collect cost sharing charges for categorically needy individuals: Not applicable

☐ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Not applicable

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Not applicable

- E. Cumulative maximums on charges: Not applicable

☐ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

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